



FCRB CHAIRPERSON MEETING SUMMARY

Instructions: Please complete and return this form to the local office to provide feedback or concerns for any areas related to the FCRB meeting or process. Thank you!

County/Board: _____

Meeting Date: _____

Facilitator: _____

Chairperson: _____

Comments regarding Board Member attendance and participation:

Comments regarding Interested Parties attendance and participation:

Additional comments regarding the FCRB meeting or process (meeting site, Facilitator, etc)

Identify any training topics that would be beneficial for the board: _____
